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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 121600001		CITY OR TOWN	SOUTHBO	ROUGH
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	FAYVILLE ATHLETIC	ASSN. INC			
DOING BUSINESS	Α				
ADDRESS 6 GROV	EST.				
CITY/TOWN: SOU	UTHBOROUGH S'	ΓΑΤΕ: MA	ZIP CODE:	01745	
	GUIRE, TYPE OF CHAEL A.	LICENSE: Clu	b CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EM	IAIL ADDRESS		-
DESCRIPTION OF	LICENSED PREMISES:				
	DUSE, ONE LARGE ROOM FRANCE ON GROVE STR				
I hereby certify and	swear under penalties of per	rjury that:			
1. the renew	ved license will be of the sar	me type for the	same premises now	licensed;	
2. the licens	see has complied with all la	ws of the Comn	nonwealth relating to	taxes; and	
3. the premi	ises are now open for busine	ess (If not expla	in below)		
SIGNED BY:	Individual, Partner or Au	thorized Corno	rate Officer		
	individual, 1 artifer of 7 to	unorized corpo	rate Officer		
DATE:	TELEPHONE NU	MDED.	EMPLOYER	RIDENTIFICAT	ION NUMBER:
	TELETHONE NO	WIDEK.	(Note: NOT Ind	ividual Social S	ecurity Number)
Acts of 2004, signe	ed, attest that we are in po d by the building inspecto certificate of liquor liabili	r and the head	of the fire departi	nent for the	above named
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	aın)				
DATE:					
יייייייייייייייייייייייייייייייייייייי					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 121600002		CITY OR TO	WN SOUTHBO	DROUGH
APPLICATIO	N FOR RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NA	AME: SOUTHBORO HO	OUSE OF PIZZA,IN	C.		
DOING BUSI	NESS A				
ADDRESS 5 N	MAIN ST.				
CITY/TOWN:	SOUTHBOROUGH	STATE: MA	ZIP CODI	E: 01772	
MANAGER:	BALTAS, TY CHRISTOS A	PE OF LICENSE: R	estaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		
	N OF LICENSED PREMI				
	ROOM, ONE KITCHEN, ENTRANCE AND ONE I			OR IN KITCHEN	N AREA,
I hereby certify	and swear under penalties	s of perjury that:			
1. the	renewed license will be of	the same type for th	e same premises	now licensed;	
2. the	licensee has complied with	all laws of the Com	nmonwealth relat	ing to taxes; and	
3. the	premises are now open for	business (If not exp	olain below)		
SIGNED BY:					
	Individual, Partner	r or Authorized Corp	orate Officer		
DATE:	TELEPHON	NE NUMBER:		OYER IDENTIFICAT	
			(Note: NO	T Individual Social S	Security Number)
Acts of 2004,	rsigned, attest that we are signed by the building in the certificate of liquor	spector and the hea	ad of the fire de	partment for the	above named
Please Check Belo	-	·	-	ENSING AUTH	
APPROVED:			Ву:		
DISAPPROVI	<u> </u>				
(If disapproved	l explain)				
DATE:			-		
APPLICATION FOR	R RENEWAL MUST BE FILED BY I	LICENSEES DURING THE	MONTH OF NOVEMB	BER (M.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 121600003	C	ITY OR TOWN	SOUTHBOROUGH	[
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013	
	CLASS		YEAR	
LICENSEE NAME: LIANGFENG INC	•			
DOING BUSINESS A ROSE GARDEN				
ADDRESS 1 SOUTHVILLE RD.				
CITY/TOWN: SOUTHBOROUGH	STATE: MA	ZIP CODE:	01772	
MANAGER: CHEN, TYI LIANGFENG	PE OF LICENSE: Restar	urant CA	ATEGORY: All Alc	ohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EMAI	L ADDRESS		
DESCRIPTION OF LICENSED PREMIS	SES:			
4000 SF BLDG. INCLUDING A DINING FULLY EQUIPPED KITCHEN AND ST CUSTOMERS AT THE FRONT OF THE	CORAGE AREA, ONE			
I hereby certify and swear under penalties	s of perjury that:			
1. the renewed license will be of	the same type for the sa	me premises now	licensed;	
2. the licensee has complied with	all laws of the Common	nwealth relating to	taxes; and	
3. the premises are now open for	business (If not explain	below)		
SIGNED BY: Individual, Partner	or Authorized Corpora	te Officer		
	or Authorized Corpora	te Officer		
	or Authorized Corpora	te Officer		
Individual, Partner	or Authorized Corpora	EMPLOYER	IDENTIFICATION NUM	
Individual, Partner	TE NUMBER: e in possession (1) the cospector and the head o	EMPLOYER (Note: NOT Indi	ividual Social Security Nu d by Chapter 304 of nent for the above n	nber) the amed
Individual, Partner DATE: TELEPHON We the undersigned, attest that we are Acts of 2004, signed by the building inslicense and (2) the certificate of liquor Please Check Below:	TE NUMBER: in possession (1) the cospector and the head of liability insurance req	EMPLOYER (Note: NOT Indi ertificate require f the fire departn uired by Chapter	ividual Social Security Nu d by Chapter 304 of nent for the above n	nber) the amed
Individual, Partner DATE: TELEPHON We the undersigned, attest that we are Acts of 2004, signed by the building inslicense and (2) the certificate of liquor Please Check Below: APPROVED:	IE NUMBER: in possession (1) the cospector and the head of liability insurance req	EMPLOYER (Note: NOT Indi ertificate require f the fire departn uired by Chapter	d by Chapter 304 of nent for the above not 116 of the Acts of 2	nber) the amed
Individual, Partner DATE: TELEPHON We the undersigned, attest that we are Acts of 2004, signed by the building inslicense and (2) the certificate of liquor Please Check Below: APPROVED: DISAPPROVED:	IE NUMBER: in possession (1) the cospector and the head of liability insurance req	EMPLOYER (Note: NOT Indi ertificate require f the fire departs uired by Chaptes LOCAL LICENS	d by Chapter 304 of nent for the above not 116 of the Acts of 2	nber) the amed
Individual, Partner DATE: TELEPHON We the undersigned, attest that we are Acts of 2004, signed by the building inslicense and (2) the certificate of liquor Please Check Below: APPROVED:	IE NUMBER: in possession (1) the cospector and the head of liability insurance req	EMPLOYER (Note: NOT Indi ertificate require f the fire departs uired by Chaptes LOCAL LICENS	d by Chapter 304 of nent for the above not 116 of the Acts of 2	nber) the amed
Individual, Partner DATE: TELEPHON We the undersigned, attest that we are Acts of 2004, signed by the building inslicense and (2) the certificate of liquor Please Check Below: APPROVED: DISAPPROVED:	IE NUMBER: in possession (1) the cospector and the head of liability insurance req	EMPLOYER (Note: NOT Indi ertificate require f the fire departs uired by Chaptes LOCAL LICENS	d by Chapter 304 of nent for the above not 116 of the Acts of 2	nber) the amed



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 12160	0007	CITY	OR TOWN	SOUTHBO	ROUGH
APPLICATION FOR RENE	WAL: Ar	inual	LICEN	SED FOR 20	013
	CI	LASS			YEAR
LICENSEE NAME: CORK	C'S INC.				
DOING BUSINESS A OWI	EN O'LEARY'S RESTA	URANT			
ADDRESS 50 TURNPIKE I	RD.				
CITY/TOWN: SOUTHBOI	ROUGH STATE	E: MA ZI	P CODE:	01745	
MANAGER: GILL, KEVI	N F. TYPE OF LICE	ENSE:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE AI	SO VISIT OUR WEBSITE AND EN	TER YOUR EMAIL ADD	RESS		_
DESCRIPTION OF LICENS	SED PREMISES:				
1ST FLR; TWO ROOMS, T BATHROOMS, TWO ENTH 1ST.FLOOR 1 RM WITH D BLDG. HAS NO CELLAR.	RANCES AND EXITS;	SECOND FLR;S	TAIRS LEA	DING FROM	M
I hereby certify and swear un	der penalties of perjury	that:			
1. the renewed licen	se will be of the same ty	pe for the same p	remises now	licensed;	
2. the licensee has co	omplied with all laws of	the Commonwea	lth relating to	taxes; and	
3. the premises are r	now open for business (If	not explain belo	ow)		
SIGNED BY: Indivi	dual, Partner or Authoriz	zed Corporate Of	ficer		
DATE:	TELEPHONE NUMBE				TION NUMBER: ecurity Number)
We the undersigned, attest Acts of 2004, signed by the license and (2) the certifica	building inspector and	the head of the	fire departr	nent for the	above named
Please Check Below:		LOC	CAL LICENS	ING AUTHO	ORITY
APPROVED:		By:			
DISAPPROVED: (If disapproved explain)					
(11 disappioved explain)					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 121600008		CITY OR TOWN	SOUTHBO	ROUGH
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	MAURO'S MARKET A	Γ, INC.			
ADDRESS 4 MAIN	ST				
CITY/TOWN: SOI	UTHBOROUGH	STATE: MA	ZIP CODE:	01772	
MANAGER: MAI	URO, STEVEN TYPE	OF LICENSE: Pac	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR E	MAIL ADDRESS		-
DESCRIPTION OF	LICENSED PREMISE	S:			
	LDING LOCATED AT LOCATED IN BACK		ONT ENTRANCE O	N MAIN ST.	. ONE
I hereby certify and	swear under penalties of	f perjury that:			
1. the renew	ved license will be of the	e same type for the	e same premises now	licensed;	
2. the licens	see has complied with al	l laws of the Com	monwealth relating to	taxes; and	
3. the premi	ises are now open for bu	isiness (If not expl	ain below)		
SIGNED BY:	Individual, Partner or	r Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	ain)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 121600011		CITY OR TOWN	SOUTHBOROUGH
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	B.K.P., INC			
DOING BUSINESS	A FITZGERALD'S	GENERAL STOR	Е	
ADDRESS 110 SOU	JTHVILLE ROAD			
CITY/TOWN: SOU	JTHBOROUGH	STATE: MA	ZIP CODE:	01772
MANAGER: PAT	EL, TY MANBHATI K.	PE OF LICENSE:P	ackage Store CA	ATEGORY: Wine and Malt Regular
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMI	SES:		
REAR EXIT EMER		RE ESCAPE EXIT,	ND EXIT ON SOUT STORAGE IN BASE	
I hereby certify and	swear under penaltie	s of perjury that:		
1. the renew	ved license will be of	the same type for the	ne same premises now	licensed;
2. the licens	see has complied with	h all laws of the Cor	nmonwealth relating to	o taxes; and
3. the premi	ises are now open for	r business (If not exp	plain below)	
SIGNED BY:	Individual, Partne	r or Authorized Cor	porate Officer	
DATE:	TELEPHON	NE NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT Ind	ividual Social Security Number)
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	ind Actioniti
DISAPPROVED: [,	
(If disapproved expl	ain)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 121600012		CITY OR TOWN	SOUTHBO	ROUGH	
APPLICATION FO	R RENEWAL:	Annual	al LICENSED FOR 2013			
		CLASS			YEAR	
LICENSEE NAME: DOING BUSINESS ADDRESS 7 TURN		STORE, INC				
CITY/TOWN: SOU		STATE: MA	ZIP CODE:	01772		
	L FLETCHER TYP				All Alcohol	
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR F	MAIL ADDRESS			
	LICENSED PREMIS					
	A 30'X40' STORAG SECOND FLOOR (4			NTRANCES	ON	
I hereby certify and s	swear under penalties	of perjury that:				
1. the renew	ved license will be of t	he same type for the	e same premises now	licensed;		
2. the licens	ee has complied with	all laws of the Com	monwealth relating to	taxes; and		
3. the premi	ses are now open for l	business (If not exp	lain below)			
SIGNED BY:	Individual, Partner	or Authorized Corp	orate Officer			
DATE:	TELEPHONI	E NUMBER:			ION NUMBER:	
			(Note: <u>NOT</u> Ind	ividual Social S	ecurity Number)	
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY	
APPROVED:			By:			
DISAPPROVED:			·			
(If disapproved explain	ain)					
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 121600013		CITY OR TOWN	SOUTHBO	ROUGH
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
	AME: VIRGIN MARY MOTH NESS A TURNPIKE FOOD &		, INC		
ADDRESS 65	TURNPIKE RD				
CITY/TOWN:	SOUTHBOROUGH S	TATE: MA	ZIP CODE:	01745	
MANAGER:	ZIADA, GINA H. TYPE OF ARAKIL	F LICENSE: Pac	ckage Store C.	ATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR E	MAIL ADDRESS		-
DESCRIPTION	N OF LICENSED PREMISES:				
	NCE AND EXIT ON TURNPIK R. 1ST FLOOR CONSISTING C				
I hereby certify	and swear under penalties of pe	rjury that:			
1. the	renewed license will be of the sa	me type for the	same premises now	licensed;	
2. the	licensee has complied with all la	ws of the Comr	nonwealth relating t	o taxes; and	
3. the	premises are now open for busin	ess (If not expla	ain below)		
SIGNED BY:	Individual, Partner or A	uthorized Corpo	orate Officer		
DATE:	TELEPHONE NU	MBER:	EMPLOYE	R IDENTIFICAT	ION NUMBER:
			(Note: NOT Inc	lividual Social S	ecurity Number)
Please Check Belo APPROVED:	<u>DW:</u>		LOCAL LICENS	SING AUTHO	DRITY
DISAPPROVED.	ED:		By:		
(If disapproved					
* *	-				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 121600014		CITY OR TOWN	SOUTHBO	ROUGH
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: TONY'S BEER & W	INE INC.			
DOING BUSINESS A TONY'S BEER &	WINE			
ADDRESS 349 TURNPIKE ROAD				
CITY/TOWN: SOUTHBOROUGH	STATE: MA	ZIP CODE:	01772	
MANAGER: MEDRI, LAURIE TYPE	E OF LICENSE: Pac	ekage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LICENSED PREMISE	ES:			
ONE-STORY BRICK AND BLOCK BLDEXIT FROM TURNPIKE ROAD.	G., THREE ROOM	(S, NO CELLAR, E)	NTRANCE A	AND
2. the licensee has complied with a 3. the premises are now open for b SIGNED BY: Individual, Partner of	usiness (If not expl	ain below)	taxes, and	
DATE: TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 12	21600022		CITY OR TOWN	SOUTHBO	ROUGH
APPLICATION FOR R	ENEWAL:	Annual	LICENS	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: P.	ANZANO MARKET,	INC			
DOING BUSINESS A					
ADDRESS 154 TURNE	TIKE RD				
CITY/TOWN: SOUTH	IBOROUGH S	STATE: MA	ZIP CODE:	01772	
MANAGER: PRINCE F.	, THOMAS TYPE O	F LICENSE: Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLEA	ASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF LIC					
2500 SQ.FT. RETAIL F AND ADDITIONAL EN			USTOMER ENTRA	ANCE IN FRO	ONT
3. the premises SIGNED BY:	as complied with all la	ness (If not expla	in below)	taxes; and	
Ir	ndividual, Partner or A	uthorized Corpo	rate Officer		
DATE:	TELEPHONE N	JMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 121600023		CITY OR TOWN	SOUTHBOROUGH
APPLICATION FOR	R RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	TOMASSO TRATTORI	A, INC.		
DOING BUSINESS	A SAME			
ADDRESS 154 TUF	RNPIKE ROAD			
CITY/TOWN: SOU	JTHBOROUGH S	ΓΑΤΕ: MA	ZIP CODE:	01772
MANAGER: PRIN F.	NCE, THOMAS TYPE OF	LICENSE: Res	taurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EM	IAIL ADDRESS	
	LICENSED PREMISES:			
	building; one entrance/exit			
I hereby certify and s	swear under penalties of pe	rjury that:		
1. the renew	ved license will be of the sa	me type for the	same premises now	licensed;
	ee has complied with all la		_	taxes; and
3. the premi	ses are now open for busin	ess (If not expla	in below)	
SIGNED BY:	Individual, Partner or Au	thorized Corpo	rate Officer	
DATE:	TELEPHONE NU	MBER:	EMPLOYER	IDENTIFICATION NUMBER:
			(Note: NOT Indi	ividual Social Security Number)
Acts of 2004, signed	d, attest that we are in po d by the building inspecto certificate of liquor liabili	r and the head	of the fire departn	nent for the above named
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED:	oin)			
(If disapproved expla	aiii)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 121600024		CITY OR T	OWN SOUTHBO	DROUGH
APPLICATIO	N FOR RENEWAL:	Annual	Ι	ICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: ST. MARK'S	GOLF CLUB, INC			
DOING BUSI	NESS A				
ADDRESS 36	CORDAVILLE RD				
CITY/TOWN:	SOUTHBOROUGH	H STATE: N	MA ZIP COI	DE: 01772	
MANAGER:	HARRISON, WILLIAM J.	TYPE OF LICENSE	::Restaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:				
		OUR WEBSITE AND ENTER YO	OUR EMAIL ADDRESS		
	N OF LICENSED PR				
FRONT AND	SINGLE EXTERIOR	PPROX 1500 SQ FT D R DOOR IN		DOOR AND SLIE	DER IN
1. the 2. the	renewed license will licensee has complied	nalties of perjury that: be of the same type for d with all laws of the C en for business (If not	Commonwealth rel		
SIGNED BY:		artner or Authorized C	Corporate Officer		
DATE:	TELEF	PHONE NUMBER:		PLOYER IDENTIFICAT	
Acts of 2004,	signed by the buildi	ve are in possession (1 ng inspector and the iquor liability insuran	head of the fire d	lepartment for the	above named
Please Check Belo	ow:		LOCAL L	ICENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVI (If disapproved					
· · · · · · · · · · · · · · · · · · ·	r /				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1216	00025	CITY OR T	OWN	SOUTHBO	ROUGH
APPLICATION FOR REN	EWAL: An	nual I	LICENSED FOR 201		13
	CL	ASS			YEAR
LICENSEE NAME: CUL DOING BUSINESS A	INARY UNDERGROUN	D LLC			
ADDRESS 21 TURNPIKE	ROAD SUITE E				
CITY/TOWN: SOUTHBO	OROUGH STATE	: MA ZIP CO	DE:	01772	
MANAGER: LEINBACH	I, LORI TYPE OF LICE	NSE:Restaurant	CA	ΓEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLEASE A	ALSO VISIT OUR WEBSITE AND ENT	ER YOUR EMAIL ADDRESS			
DESCRIPTION OF LICEN					
TEACHING KITCHEN W APPROX.1400 SQ FT TO				AIL AREA,	
2. the licensee has	nse will be of the same type complied with all laws of now open for business (If	be for the same premise the Commonwealth rel			
SIGNED BY: Indiv	vidual, Partner or Authoriz	ed Corporate Officer			
DATE:	TELEPHONE NUMBE	Λ.	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
We the undersigned, atterded Acts of 2004, signed by the license and (2) the certification.	e building inspector and	the head of the fire o	lepartm	ent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL L By:	ICENSII	NG AUTHO	DRITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 121600026	LICENSE NUMBER: 121600026 CITY O			ROUGH			
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013					
	CLASS			YEAR			
LICENSEE NAME: SOUTHBOROUG	GH VARIETY CORP.						
DOING BUSINESS A STONY BROOM	K MARKET						
ADDRESS 162 CORAVILLE ROAD							
CITY/TOWN: SOUTHBOROUGH	STATE: MA	ZIP CODE:	01772				
MANAGER: KASSOUF, SALIM TY	PE OF LICENSE:Pac	ckage Store CA	ATEGORY:	Wine and Malt Regular			
EMAIL ADDRESS:							
PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR E	MAIL ADDRESS					
DESCRIPTION OF LICENSED PREMI							
RETAIL CONVENIENCE STORE WITH THE MAIN ENTRANCE/EXIT AT THE FRONT OF THE STORE AND ONE EXIT AT THE BACK OF THE STORE							
 the renewed license will be of the licensee has complied wit the premises are now open for 	h all laws of the Comr	nonwealth relating to					
SIGNED BY: Individual, Partne	er or Authorized Corpo	orate Officer					
DATE: TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)					
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY			
DATE:							